

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		APPROPRIATE AFTER DEPENDENT		APPROPRIATE AFTER INDEPENDENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		APPROPRIATE AFTER DEPENDENT		APPROPRIATE AFTER INDEPENDENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69	1					
70	1					
71	1					
72	1	1				
73		1				
74	1	1				
75		1				
76	1					
77		1				
78	1					
79		1				
80	1					
81		1				
82	1					
83		1				
84		1				
85	1					
86		1				
87	1	1				
88	1	1				
89	1					
90		1				
91	1					
92		1				
93	1					
94	1					
95	1					
96	1					
97	1					
98	1					
99	1					
100	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						